

169845

TAT ZONE II CONTRACT
ECOLOGY AND ENVIRONMENT, INC.
CONTRACT NO. 68-WO-0037
TECHNICAL DIRECTION DOCUMENT (TDD)

1A. Cost Center:
1B. Account No.: EIL0836JAA
3A. Priority: High

2. TDD No.: T05-9407-902

3B. Key EPA Contact:
Name: Borries
Phone: 312/353-2886

4A. Estimate of 5A.
Total Hours: 0
Total Costs: \$4,575*
4B. Overtime Approved: yes

5A. EPA Site Name:
Sauget Area One
5B. SSID# 4V
5C. City/County/State
Sauget/St. Clair/IL

6. Source of Funds: CERCLA
7. CERCLIS ID#:

8A. Completion Date: 09/30/94
8B. Reference Info: No

9. Type of Activity:
Special Project

11. Desired Report Form:
~~Formal~~
Letter

10. General Description:

12. Specific Elements:

The contractor shall procure the services of a thermographer to conduct a helicopter flyover to do infrared imaging of the Sauget Area 1 Industrial Landfill in order to locate hot spots from a burning underground fire. In addition, aerial photographs will be taken of the landfill during a daylight flyover of the site.

Confirms verbal given 7/21/94
Charge labor to T05-9405-006
w/multiplier: \$10,339.50

13. Interim Deadlines:

14. Authorizing DPO:

15. Date:

Paul C. Nabors
(Signature)

7/26/94

16. Accepted by TATL (note any exceptions):

17. Date:

[Signature]
(Signature)

7/26/94

Cost Center: ZT2053	ACKNOWLEDGEMENT OF COMPLETION PERFORMANCE OBSERVATION REPORT		Contract No.: 68-WO-0037
Contractor: Ecology and Environment, Inc.			TDD No. T05-9407-902
Reporting Element: REGION V TAT	Date(s) of Reported Observation 7/21/94 - 9/30/94	Approx. No. of Hours -0-	Account No. RIL0836JAA
Performance Evaluation Category: SPECIAL PROJECT - SAUGET AREA 1			
Description of Contractor Observation By: [REDACTED] - The TAT procured services of subcontractor to provide aerial infrared thermal imagery. Activities are summarized in a letter report.			
Rating: 5, 4, 3, 2, 1 N/A	Signature of Contractor:		Date:
Description of EPA Observation By: _____ Name/Title			
Rating: 5, 4, 3, 2, 1	Signature of EPA:		Date:
Signature of Regional POR Coordinator:			Date:
HQ Coordinator's Evaluation By: _____ Name/Title			
Rating: 5, 4, 3, 2, 1	Signature of HQ:		Date:
DPO Action: <input type="checkbox"/> Accepted <input type="checkbox"/> Accepted with Exceptions <input type="checkbox"/> Rejected			
Cost to Date: \$10,399.50 Date: 9/30/94 (\$4,575.00 = ACTUAL COST)		Hours to Date: -0-	
Estimated Cost to Closure: _____		Total Hours to Closure: _____	
I certify that the attached materials meet and comply with all requirements of the subject TDD. TATL Signature (interim) _____ TATL Signature (final) <i>[Signature]</i>			Date: 9/30/94 Interim Final
I acknowledge that I have been provided with the materials and services specified in the subject TDD within its original or revised time frames. DPO Signature (Interim) _____ DPO Signature (final) <i>[Signature]</i>			Date: 9/30/94 Interim Final

Distribution:

Sheet 1 White	- HQS Coordinator
Sheet 2 White	- DPO Copy
Sheet 3 Blue	- TATL Copy
Sheet 4 Green	- EPM Copy
Sheet 5 Canary	- PO Copy
Sheet 6 Pink	- CO Copy
Sheet 7 Gold/Red	- DPO Interim

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